

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (12-97)

Approved for use through 9/30/00, OMB 0651-0032

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it carries a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number		1277-3	
		First Named Inventor		Eytan SUCHARD et al.	
		COMPLETE IF KNOWN			
		Application Number		09/482,075	
<input type="checkbox"/> Declaration Submitted With Initial Filing <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)		Filing Date		January 13, 2000	
		Group Art Unit			
		Examiner Name			

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SIGNATURE RECOGNITION SYSTEM AND METHOD
(Title of the Invention)

the specification of which

☐ is attached hereto
OR
☒ was filed on (MM/DD/YYYY) January 13, 2000 as United States Application Number or PCT International Application Number 09/482,075 and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understood the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a) (1) or 352(b) of any foreign application(s) for patent or inventor's certificate, or 363(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached	
				YES	NO
			0	0	0
			0	0	0
			0	0	0
			0	0	0

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/115,867	January 13, 1999	

(Page 1 of 2)

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (12-97)

Approved for use through 9/30/00, OMB 0631-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 130 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, filed before and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB-02B attached herein.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected herewith: ☒ Customer Number 72204

OR

☒ Registered practitioner(s) name/registration number listed below.

Name	Registration Number	Name	Registration Number
David W. Sixbey	20,932	Tim L. Brackett, Jr.	36,092
Stuart J. Friedman	24,312	Eric J. Robinson	38,283
Charles M. London, Jr.	26,477	Robert M. Schuman	31,196
Geoff J. Ferguson, Jr.	23,016	Thomas M. Blaise	33,475
David S. Saffron	27,997	Marc S. Kaufman	33,212
Thomas W. Cole	28,200	William J. Healey	36,160
Donald R. Snodgrass	32,315	Corinne R. Gordi	34,339
Jeffrey L. Costello	35,483	Daniel S. Song	43,141

Direct all correspondence to: ☒ Customer Number 72204

Name: Charles M. London, Jr., Esq.

Firm: NIXON PEABODY LLP

Address: 8180 Greensboro Drive, Suite 800

City: McLean

State: VA

ZIP: 22102

Country: United States

Telephone: (703) 790-9110

FAX: (703) 883-0370

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Solo or First Inventor:

☐ A petition has been filed for this unsigned inventor.

Given Name (first and middle (if any))

Family Name or Surname

Bytan

Suchard

Inventor's Signature: X

Date:

Residence: City: Herzelya

State:

Country: Israel

Citizenship: Israel

Post Office Address: 32 Pinchas Rozen Street

Post Office Address: P.O.B. 444

City: Herzelya

State:

ZIP: 46103

Country: Israel

☒ Additional inventors are being named on the 1 Supplemental Additional Inventor(s) sheet(s) PTO/SB-02A attached hereto.

Please type a plus sign (+) inside this box > []

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it carries a valid OMB control number.

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet	
		Page <u>1</u> Of <u>1</u>	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))	Family Name or Surname		
Yossi	Avni		
Inventor's Signature: <i>x Yossi Avni</i>		Date: <i>23 February</i>	
Residence: City: Herzelya	State:	Country: Israel	Citizenship: Israel
Post Office Address: 32 Pinchas Rozen Street			
Post Office Address: P.O.B. 444			
City: Herzelya	State:	ZIP: 46103	Country: Israel
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))	Family Name or Surname		
Inventor's Signature:			
Residence: City: State: Country: Citizenship:			
Post Office Address:			
Post Office Address:			
City:	State:	ZIP:	Country:
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))	Family Name or Surname		
Inventor's Signature:			
Date:			
Residence: City: State: Country: Citizenship:			
Post Office Address:			
Post Office Address:			
City:	State:	ZIP:	Country:

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Office, Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissions for Patents, Washington, DC 20231.**